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CITIZENS MEDICAL CENTER

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

FOR THE YEARS ENDED MARCH 31, 2008, 2007, AND 2006

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office pf the parish clerk of court.

Release Date 9/6/08



LESTER, MILLER & WELLS

A CORPORATION OF CERTIFIED PUBLIC ACCOUNTANTS

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Management's Discussion and Analysis

This section of the annual financial report for Hospital Service District No. 1 of Caldwell Parish, State of Louisiana d/b/a Citizens Medical Center (the "Medical Center") provides background information and management's analysis of the Medical Center's financial performance for the fiscal years that ended March 31, 2008, 2007, and 2006. Please read it in conjunction with the financial statements beginning on page 3 and notes to the financial statements beginning on page 7 in this report.

Financial Highlights

- The Medical Center's total assets increased by \$917,000 and \$2,069,000, during fiscal years 2008 and 2007, respectively. In comparison total assets increased for fiscal year 2006 by \$1,938,000. In fiscal year 2008, \$800,000 was invested in certificates of deposit. In 2007, \$815,000 was invested in certificates of deposits.
- During fiscal year 2008, the Medical Center's net patient service revenue decreased \$173,000 from fiscal year 2007. During fiscal years 2007 and 2006, the Medical Center experienced increases in net patient service revenue of \$114,000 and \$164,000, respectively. The Medical Center's total expenses increased by \$549,000 for fiscal year 2008 due mainly to increases in salaries (2 physicians and one nurse practitioner were hired during this fiscal year and adjustments were made in other departments to retain employees and remain competitive with the market as the federal minimum wage increased) and associated benefits and payroll taxes. The Medical Center also began a retirement program the first of 2008 and the expense for fiscal year 2008 was \$41,000. Depreciation increased \$43,000 for the year. The Medical Center's total expenses increased by \$43,000 for fiscal year 2007 due mainly to the increase in depreciation expense for the year. The Medical Center's expenses decreased by \$160,000 in fiscal year 2006. The Medical Center experienced a gain from operations of \$768,000 in fiscal year 2008 compared to previous gains of \$2,018,000 and \$1,516,000 in fiscal years 2007 and 2006, respectively. A significant factor relevant to the change is the increase in inpatient volume, rural health clinic volume, and receipt of Medicare volume adjustments of \$816,000 in fiscal year 2006. During fiscal year 2007 grant income received was \$576,000 but only \$142,000 was received in fiscal year 2008.
- ❖ The Medical Center's sales tax revenue decreased by \$97,000 in fiscal year 2008 due to a decrease in spending in the parish by consumers. Sales tax revenue increased by \$17,000 in fiscal year 2007 and \$334,000 in fiscal year 2006. Two new stores opened in Columbia in 2006 and highway construction has been taking place throughout Caldwell Parish in 2006 and 2007.
- Sales tax, grants, and other operating revenue for fiscal year 2008 decreased by \$528,000. As reported above, sales tax revenue decreased. Additionally, grant funds received decreased in fiscal year 2008. During fiscal year 2008 the roof project was completed and the final installment on the grant for \$108,000 was received. Other operating revenue for fiscal year 2007 increased by \$430,000. Other operating revenue for fiscal years 2006 and 2005 increased by \$420,000 and \$71,000 respectively partially due to refunds of \$61,000 in fiscal year 2006 and \$54,000 in fiscal year 2005 from the Rural Hospital Coalition. Included in other operating revenue is grant income which increased in fiscal year 2007 by \$483,000. A total of \$576,000 was received in grant monies of which \$537,000 was for the roof project. Interest income from checking accounts and certificates of deposit for fiscal year 2008 increased by \$54,000 and \$96,000 in fiscal year 2007 due to increased interest rates on newly placed monies and renegotiating higher interest rates on maturing certificates of deposit. Interest income increased by \$42,500 in fiscal year 2006.
- ❖ No new leases were entered into in fiscal years 2008 or 2007 as the Medical Center has purchased needed equipment from operating funds rather than leasing. In fiscal year 2006 the Medical Center entered into capital leases totaling \$299,000 Cat Scan, \$239,000 for the PACS system and \$9,000 for a copier. Capital leases were referenced by Note 8 of the financial statements

Management's Discussion and Analysis

Required Financial Statements

The financial statements contained in this report are presented using Governmental Accounting Standards Board (GASB) accounting principles. These financial statements provide overall information about the Medical Center's financial activities on both short-term and long-term basis. The balance sheets present information about its assets (resources) and liabilities (the amounts obligated to its creditors). The statements of revenues, expenses, and changes in net assets present information about the current and prior years' activities in revenues and expenses. This statement also provides useful information for determining whether the Medical Center's patient service revenue and other revenue sources were sufficient to allow the Medical Center to recover all of its costs. The final required financial statement is the statement of cash flows which provides information about the Medical Center's cash from operations, investing, and financing activities. In addition, this statement provides useful information to answer questions such as where did cash come from, what was cash used for, and what was the change in cash balance during the reporting period.

Financial Analysis of the Hospital

The balance sheets and the statements of revenue, expenses, and changes in net assets report information about the Medical Center's activities. These two statements report the net assets of the Medical Center and changes in them. Increases or decreases in the Medical Center's net assets are one of a number of indicators of whether its overall financial health is improving or deteriorating. However, other non-financial factors such as changes in the health care industry, changes in Medicare and Medicaid regulations, and changes in managed care contracting should also be considered.

Management's Discussion and Analysis

Net Assets

A summary of the Medical Center's Balance Sheets are presented in the table below:

TABLE 1
Condensed Balance Sheets
(in thousands)

	March 31,							
		<u>2008</u>		<u>2007</u>		2006		<u>2005</u>
Total current assets Capital assets - net Other assets, including assets	\$	5,954 3,342	\$	6,175 3,208	\$	5,746 2,903	\$	4,251 2,444
whose use is limited		2,387		1,383		48		64
Total Assets	\$	11,683	\$	10,766	\$	8,697	\$	6,759
Total current liabilities Long-term debt	\$	1,356 218	\$	1,271 330	\$	1,204 477	\$	1,275 49
Total Liabilities		1,574		1,601		1,681		1,324
Invested in capital assets, net of								
related debt		3,012		2,748		2,283		2,228
Restricted net assets		65		146		0-		-0-
Unrestricted net assets		7,032		6,271		4,733		3,207
Total Liabilities and Net Assets	\$	11,683	\$	10,766	\$	8,697	\$	6,759

Management's Discussion and Analysis

Summary of Revenues, Expenses, and Changes in Net Assets

The following table represents the Medical Center's revenue, expenses, and changes in net assets for the fiscal years ended March 31:

TABLE 2
Condensed Statements of Revenues, Expenses, and Changes in Net Assets (in thousands)

		Marc	h 3	1,	
	<u>2008</u>	<u>2007</u>		<u>2006</u>	<u>2005</u>
Net patient service revenue Other revenue, net	\$ 7,207 1,240	\$ 7,380 1,768	\$	7,266 1,337	\$ 7,102 920
Total Operating Revenue	8,447	9,148		8,603	8,022
Salaries and benefits Other expenses Depreciation and amortization	4,144 3,091 <u>444</u>	3,766 2,963 401		3,738 3,024 325	3,889 3,004 354
Total Operating Expenses	7,679	7,130		7,087	7,247
Operating income (loss) Nonoperating income	768 177	2,018 130		1,516 65	775 15
Excess of revenue over expenses Prior period adjustment Net assets - beginning of year	945 -0- 9,164	2,148 -0- 7,016		1,581 -0- 5,435	790 -0- 4,645
Net Assets - End of Year	\$ 10,109	\$ 9,164	\$	7,016	\$ 5,435

Sources of Revenue

Net Patient Service Revenue

During fiscal year 2008, the Medical Center derived the majority of its total revenue from patient service revenue. Patient service revenue includes revenue from the Medicare and Medicaid programs and patients, or patients with other third-party coverage, who receive care in the Medical Center's facilities. Reimbursement for the Medicare and Medicaid programs and other third-party payers is based upon established contracts. The difference between the covered charges and the established contract is recognized as a contractual allowance. Total net patient service revenue decreased by \$173,000 or 2.3% in fiscal year 2008 due to a decrease in days of patient care. In prior fiscal years net patient service revenue increased by approximately \$114,000 or 1.6% in FY 2007, and \$164,000 or 2.3% in FY 2006.

Management's Discussion and Analysis

Net Patient Service Revenue (Continued)

Increases in patient volume, outpatient charges, and revision of charge master are all contributing factors to the increases in revenue. Table 3 presents the relative percentages of gross charges billed for patient services by payor for the fiscal years ended March 31:

TABLE 3
Payor Mix by Percentage

	<u>2008</u>	<u>2007</u>	2006	<u>2005</u>
Medicare	53%	52%	52%	55%
Medicaid	18%	19%	21%	18%
Commercial insurance	22%	19%	18%	17%
Self-pay	<u>7%</u>	<u>10%</u>	<u>9%</u>	<u>10%</u>
Total	<u>100%</u>	<u>100%</u>	<u>100%</u>	100%

Other Revenue

Other revenue (Table 4) includes cafeteria sales, rental income, grant income, and other miscellaneous services.

Table 4
Other Revenue
(in thousands)

	<u>2008</u>	<u>2007</u>	<u>2006</u>	2005
Cafeteria sales	\$ 29	\$ 34	\$ 36	\$ 41
Rentals	17	29	22	17
Sales tax	-0-	1,121	1,104	770
Grants	142	576	92	28
Miscellaneous	28	9	83	64
Total	\$ 216	\$ 1,769	\$ 1,337	\$ 920

Grant Income

Grant income consists of grant monies received for the roof project and several other grants received for upgrading communications, medical equipment etc.

Miscellaneous Income

Dues rebates from the Rural Hospital Coalition of \$61,000 in 2006 and \$54,000 in 2005 are included in Miscellaneous Income.

Management's Discussion and Analysis

Investment Income

The Medical Center earned \$223,000 in interest income in fiscal year 2008 and \$169,000, and \$73,000 in interest income during fiscal years 2007 and 2006 respectively. The increase is attributable to an additional \$800,000 invested in a certificate of deposit in fiscal year 2008 and \$815,000 and \$2,000,000 invested in certificates of deposit for fiscal years 2007 and 2006 respectively. Additionally, interest rates on certificates of deposit increased during fiscal year 2007.

Operating and Financial Performance

Patient Revenue

Table 5 below depicts Medicare and Medicaid patient revenue for the fiscal years ended March 31:

TABLE 5
Patient Revenue
(in thousands)

	Years ended March 31							
		<u>2008</u>		<u>2007</u>		<u>2006</u>		<u>2005</u>
Medicare and Medicaid gross patient charges Contractual adjustments	\$	9,230 4 ,648	\$	9,322 4,403	\$	9,424 4,163	\$	9,286 4,167
Net Medicare and Medicald revenue without Medicald UCC	\$	4,582	\$	4 ,919	\$	5 <u>,</u> 261	\$	5,119
Percent of total gross charges		<u>68%</u>		<u>71%</u>		<u>73%</u>		<u>73%</u>
Percent of total net revenue		<u>65%</u>		<u>67%</u>		<u>72%</u>		72%

The main source of revenue for the Medical Center, gross Medicare and Medicaid patient charges decreased \$92,000 or less than 1% in fiscal year 2008 due to the decrease in patient days of care. Similarly, in fiscal year 2007 there was a decrease of \$102,000 or 1.1%. Fiscal year 2006 patient charges increased \$138,000 or approximately 1.5%. Contractual adjustments for fiscal year 2008 increased \$245,000 while contractual adjustments for fiscal year 2007 increased by \$240,000 due to changes in Medicare and Medicaid payment methodology which had previously resulted in decreased contractual adjustments for fiscal year 2006 of \$4,000.

Management's Discussion and Analysis

Medicare and Medicaid Patient Statistics

Table 6 is a comparison of the Medical Center's Medicare and Medicaid admissions, discharges, patient days, and lengths of stay for the fiscal years ended March 31:

TABLE 6
Medicare and Medicaid Patient Statistics

	2008	<u>2007</u>	2006	2005
Admissions:				 -
Medicare adult and pediatric	365	44 9	447	472
Medicaid adult and pediatric	104	127	137	138
Medicare swing bed	4	4	11	42
Discharges:				
Adult and pediatric	601	726	757	783
Medicare (included in A & P)	365	448	451	511
Medicaid (included in A & P)	102	125	135	140
Medicare swing bed	4	4	12	44
Patient days:				
Adult and pediatric	2,920	3,388	3,414	3,813
Medicare (included in A & P)	2,185	2,633	2,684	2,828
Medicaid (included in A & P)	251	281	327	412
Swing bed	75	85	293	869
Medicare average length of stay	5.99	5.88	5.95	5.53
Medicaid average length of stay	2.46	2.25	2.42	2.94

Medicare and Medicaid admissions and discharges have continued to decrease in fiscal year 2008 as well as fiscal years 2007 and 2006. Swing bed admissions and discharges for fiscal year 2008 remained unchanged from fiscal year 2007. During fiscal year 2005, the Medical Center had a 21.8% increase in Medicare and Medicaid admissions, excluding swing bed.

Expenses

Salaries and benefits for fiscal year 2008 increased by \$378,000 from fiscal year 2007. Two new physicians and nurse practitioner were hired at the clinic and increases have been given to retain employees and remain competitive with the market. During fiscal years 2005 through 2007 salaries and benefits have remained at approximately \$4,000,000. Health insurance costs have continued to decrease for fiscal years 2008 through 2006. During fiscal year 2008 the Medical Center started a retirement plan so that is a new expense for the year of \$41,000. Depreciation expense for fiscal year 2008 increased by \$43,000 as depreciation was begun on the roof. While the Medical Center continues to evaluate expenses and eliminate unnecessary costs total expenses have increased in fiscal year 2008 due to rising costs of supplies and services in general. Insurance cost for fiscal year 2008 increased \$8,000 due to the normal yearly incremental insurance premium increases. Supplies and drugs decreased \$24,000 in fiscal year 2008 due to the decrease in days of patient care.

Management's Discussion and Analysis

Expenses (Continued)

These costs had also decreased in both the 2007 and 2006 fiscal years. The provision for bad debts increased \$264,000 in fiscal year 2008 as overall accounts receivable increased thus causing a greater percentage of the accounts to be considered uncollectible

Accounts Receivable

Table 7 below summarizes Accounts Receivable for the fiscal years ended March 31:

TABLE 7
Accounts Receivable (in thousands)

	<u>2008</u>		<u>2007</u>		<u>2006</u>		2005
Patient accounts receivable Other accounts receivable Allowance for uncollectibles	\$ 8,95 (7,11	14	8,353 26 (6,496)	\$ _	6,784 21 (5,498)	\$	6,898 7 (4,786)
Net accounts receivable	\$1.88	<u>39</u> \$ _	1,883	\$_	1,307	\$.	2,119

Patient accounts receivable increased in fiscal years 2008 and 2007 as patients were slower to pay their accounts while FY 2006 patient accounts receivable decreased.

Management's Discussion and Analysis

Capital Assets

During 2008 fiscal year, the Medical Center added \$1,120,000 in buildings and equipment which included the roof project which was finalized.

TABLE 8 Capital Assets (in thousands)

	Year Ended March 31, 2008
Building & land	\$ 1,148
Equipment Capital leases	246 -0-
Construction in progress	-0-
Total capital additions	\$1,394

Long-term Debt

The Medical Center did not acquire any long term debt in fiscal years 2008 or 2007. At March 31, 2008, the Medical Center had long-term debt of \$217,000, consisting of various capital leases. The largest leases are for the CAT scan equipment and the PACS

Contacting the Hospital's Financial Manager

This financial report is designed to provide our citizens, customers and creditors with a general overview of the Medical Center's finances and to demonstrate the Medical Center's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact the Medical Center's Administration.



LESTER, MILLER & WELLS

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Independent Auditors' Report

To the Board of Commissioners Hospital Service District No. 1 Parish of Caldwell, State of Louisiana Columbia, Louisiana

We have audited the accompanying financial statements of Hospital Service District No. 1, Parish of Caldwell (the Hospital), a component unit of the Caldwell Parish Police Jury, as of and for the years ended March 31, 2008, 2007, and 2006, as listed in the foregoing table of contents. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hospital Service District No. 1, Parish of Caldwell, as of March 31, 2008, 2007, and 2006, and the respective changes in financial position and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated August 15, 2008, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and should be read in conjunction with this report in considering the results of our audit.

Our audits were performed for the purpose of forming an opinion on the financial statements. The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has been subjected to the auditing procedures applied by us in the audit of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements.

Board of Commissioners Hospital Service District No. 1 Parish of Caldwell, State of Louisiana Columbia, Louisiana Page Two

Management's discussion and analysis on pages "i" through "ix" is not a required part of the financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied certain limited procedures, which consisted primarily of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

Certified Public Accountants

Lester, Miller & Wells

August 15, 2008



HOSPITAL SERVICE DISTRICT NO. 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND BALANCE SHEETS MARCH 31,

<u>ASSETS</u>	2008	<u>2007</u>		2006
Current Cash and cash equivalents (Notes 2 & 3) Short-term investments Accounts receivable, net of allowances for uncollectibles (Note 4) Estimated third-party payor settlements Inventory Prepaids Total Current Assets	\$ 660,800 2,718,377 1,889,425 272,952 296,707 115,875 5,954,136	\$ 1,082,641 2,691,404 1,882,766 171,176 263,521 83,641 6,175,149	\$	1,055,792 2,998,460 1,307,215 63,351 238,655 82,428 5,745,901
Assets limited as to use (Note 6) Property, plant and equipment, net (Note 5) Long-term investments Note receivable Total Assets LIABILITIES AND NET ASSETS	\$ 65,124 3,342,465 2,170,139 151,053 11,682,917	\$ 145,879 3,207,616 1,205,163 32,465 10,766,272	\$.	-0- 2,903,070 -0- 47,975 8,696,946
Current Accounts payable Accrued expenses Deferred revenue Estimated third-party payor settlements Current portion of lease obligations and long-term debt (Note 8) Total Current Liabilities	\$ 261,772 401,522 219,260 360,815 112,946 1,356,315	\$ 196,527 305,357 184,984 454,858 129,634 1,271,360	\$	175,983 277,393 211,078 395,984 143,227 1,203,665
Long-term Capital lease obligations and notes payable (Note 8) Total Liabilities	217,530 1,573,845	330,476 1,601,836		477,165 1,680,830
Net Assets Invested in capital assets, net of related debt Restricted (Note 6) Unrestricted Total Net Assets Total Liabilities and Net Assets	\$ 3,011,989 65,124 7,031,959 10,109,072 11,682,917	\$ 2,747,506 145,879 6,271,051 9,164,436 10,766,272	\$,	2,282,678 -0- 4,733,438 7,016,116 8,696,946

See accompanying notes to financial statements.

HOSPITAL SERVICE DISTRICT NO 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND ENTS OF REVENUES, EXPENSES, AND CHANGES IN NET

STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS YEARS ENDED MARCH 31,

		2008		2007		<u>2006</u>
Revenues						
Net patient service revenue (Note 10)	\$	7,206,703	\$	7,380,337	\$	7,265,591
Sales tax	•	1,023,823	•	1,120,546	•	1,103,859
Grant income		142,235		575,841		92,423
Other operating revenue		74,143		71,396		141,102
			•	······································	-	
Total Revenues		8,446,904		9,148,120	-	8,602,975
Expenses						
Salaries		3,657,364		3,323,599		3,252,389
Benefits and payroll taxes		486,945		442,772		485,145
Supplies and drugs		816,279		839,935		852,831
Professional fees		1,076,229		1,026,265		1,045,584
Other expenses		982,488		888,416		920,029
Insurance		216,426		208,621		205,434
Depreciation and amortization		443,540	-	400,822	-	325,292
Total Expenses		7,679,271	-	7,130,430	_	7,086,704
Operating Income (Loss)		767,633		2,017,690		1,516,271
Nonoperating Income (Loss)						
Interest income		223,107		168,762		72,781
Interest expense		(27,712)		(35,883)		(15,900)
Gain (loss) on disposal of assets		(18,392)	-	(2,249)	-	8,000
Excess of Revenues (Expenses)		944,636		2,148,320		1,581,152
Beginning Net Assets		9,164,436		7,016,116	-	5,434,964
Ending Net Assets	\$	10,109,072	\$	9,164,436	\$	7,016,116

HOSPITAL SERVICE DISTRICT NO. 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND STATEMENTS OF CASH FLOWS YEARS ENDED MARCH 31,

	<u>2008</u>	<u>2007</u>	<u>2006</u>
Cash flows from operating activities:			
Cash received from patients and			
third-party payors	\$ 7,038,501	\$ 6,729,741	\$ 8,150,319
Other receipts from operations	1,240,201	1,767,783	1,337,384
Cash payments for other operating expenses Cash payments to employees and for	(3,091,597)	(2,968,772)	(3,105,823)
employee-related costs	_(4,048,144)	(3,738,407)	(3,734,278)
Net cash provided (used) by operating activities	4 420 004	4 700 945	0.647.600
Net cash provided (used) by operating activities	1,138,961	1,790,345	2,647,602
Cash flows (to) from investing activities:			
Interest income	223,107	168,762	72,781
Loans made to third parties	(162,651)	-0-	-0-
Cash received (invested) in assets whose use is limited	80,755	(145,879)	-0-
Cash invested in certificates of deposit	(991,949)	(898,107)	(2,083,031)
Net cash provided (used) by investing activities	(850,738)	(875,224)	(2,010,250)
Cash flows from capital and related financing activities:			
Principal payments on long-term debt	(129,634)	(160.202)	(4.40.007)
Interest expense	(27,712)	(160,282) (35,883)	(143,227) (15,900)
Proceeds from sale of capital assets	21,672	(2,249)	8,000
Acquisition of capital assets	(574,390)	(2,249) (689,858)	(221,692)
Addition of depiter assets	(3/4,330)	(009,030)	(221,092)
Net cash provided (used) by capital and related			
financing activities	(710,064)	(888,272)	(372,819)
Net increase (decrease) in cash and cash			
equivalents	(421,841)	26,849	264,533
Beginning cash and cash equivalents	1,082,641	1,055,792	791,259
Ending cash and cash equivalents	\$ 660,800	\$ 1,082,641	\$ 1,055,792

See accompanying notes to financial statements.

HOSPITAL SERVICE DISTRICT NO. 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND STATEMENTS OF CASH FLOWS (Continued) YEARS ENDED MARCH 31,

		<u>2008</u>		2007	<u>2006</u>
Supplemental disclosures of cash flow information:					
Cash paid during the period for interest	\$,	27,712	\$	35,883	\$ 15,900
Equipment acquired through capital lease agreement	\$ _	-0-	\$		\$ 547,249
Reconciliation of income from operations to net cash provided (used) by operating activities: Operating income (loss) Adjustments to reconcile revenue in excess of expenses to net cash provided by operating activities:	\$	767,633	\$	2,017,690	\$ 1,516,271
Depreciation and amortization Change in current assets (increase) decrease		443,540		400,822	325,292
Patient accounts receivable, net Estimated third-party payor settlements Inventory Prepaids		(6,659) (101,776) (33,186) (32,234)		(575,551) (107,825) (24,866) (1,213)	811,797 26,931 9,725 4,355
Change in current liabilities (increase) decrease Accounts payable Accrued expenses Deferred revenue Estimated third-party payor settlements	-	65,245 96,165 34,276 (94,043)	,	20,544 27,964 (26,094) 58,874	(96,025) 3,256 10,831 35,169
Net cash provided (used) by operating activities	\$	1,138,961	\$	1,790,345	\$ 2,647,602

NOTE 1 - ORGANIZATION AND OPERATIONS

Legal Organization

Caldwell Parish Hospital Service District No. 1 (the "Hospital" or the "District") was created by an ordinance of the Caldwell Parish Police Jury. The District is comprised of and embraces the territory contained within the Parish of Caldwell, State of Louisiana, as constituted as of the date of the ordinance

The Hospital is a political subdivision of the Caldwell Parish Police Jury whose jurors are elected officials. The Hospital's commissioners are appointed by the Caldwell Parish Police Jury. As the governing authority of the Parish, for reporting purposes, the Caldwell Parish Police Jury is the financial reporting entity for the Hospital. Accordingly, the Hospital was determined to be a component unit of the Caldwell Parish Police Jury based on Statement No. 14 of the National Committee on Governmental Accounting. The accompanying financial statements present information only on the funds maintained by the governmental services provided by that governmental unit or the other governmental units that comprise the financial reporting entity.

Nature of Business

The District provides outpatient, emergency, rural health clinic, skilled nursing (through "swing-beds"), and acute inpatient services.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Enterprise Fund

Enterprise funds are used to account for operations that are financed and operated in a manner similar to private business enterprises - where the intent of the governing body is that the costs (expenses, including depreciation) of providing goods or services to the general public on a continuing basis be financed or recovered primarily through user charges

Basis of Accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic measurement focus. Based on Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Activities That Use Proprietary Fund Accounting, as amended, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements. Such accounting and reporting procedures conform to the requirements of Louisiana Revised Statute 24:514 and to the guidance set forth in the Louisiana Governmental Audit Guide, and to the AlCPA, Audit and Accounting Guide - Health Care Organizations, published by the American Institute of Certified Public Accountants, and standards set by the Governmental Accounting Standards Board (GASB), which is the accepted standard setting body for establishing governmental accounting and financial reporting principles in the United States of America

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

Cash and cash equivalents consist primarily of deposits in checking and money market accounts and certificates of deposit with original maturities of ninety (90) days or less. Certificates of deposit with original maturities of ninety (90) days to one (1) year are classified as short-term investments. Cash and cash equivalents and short-term investments are stated at cost, which approximates market value. The caption "cash and cash equivalents" does not include amounts whose use is limited or temporary cash investments.

Credit Risk

The District provides medical care primarily to Caldwell Parish residents and grants credit to patients substantially all of whom are local residents.

The District's estimate of collectibility is based on evaluation of historical collections compared to gross charges and an analysis of aged accounts receivable to establish an allowance for uncollectible accounts

Significant Concentration of Economic Dependence

The District has an economic dependence on a small number of staff physicians. These physicians admit over 90% of the Hospital's patients. The Hospital also has an economic dependence on Medicare and Medicaid as sources of payments as shown in the table in Note 10. Changes in federal or state legislation or interpretations of rules have a significant impact on the Hospital.

Net Patient Service Revenues

The District has entered into agreements with third-party payors, including government programs, health insurance companies, and managed care health plans, under which the District is paid based upon established charges, the cost of providing services, predetermined rates per diagnosis, fixed per diem rates, or discounts from established charges.

Revenues are recorded at estimated amounts due from patients and third-party payors for the Hospital services provided. Settlements under reimbursement agreements with third-party payors are estimated and recorded in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

<u>Inventory</u>

Inventories are stated at the lower of cost determined by the first-in, first-out method, or market basis.

Income Taxes

The entity is a political subdivision and exempt from taxation

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property, Plant, and Equipment

Property, plant, and equipment is recorded at cost for purchased assets or at fair market value on the date of any donation. The Hospital uses straight-line method of determining depreciation for financial reporting and third-party reimbursement. The following estimated useful lives are generally used.

Buildings and Improvements	5 to 40 years
Machinery and Equipment	3 to 20 years
Furniture and Fixtures	3 to 20 years

Expenditures for additions, major renewals and betterments are capitalized and expenditures for maintenance and repairs are charged to operations as incurred.

The cost of assets retired or otherwise disposed of and the related accumulated depreciation are eliminated from the accounts in the year of disposal. Gains or losses resulting from property disposals are currently credited or charged to nonoperating revenue.

Net Assets

Net assets of the Hospital consist of net assets invested in capital assets (property and equipment) net of related debt; restricted net assets; and unrestricted net assets. Net assets invested in capital assets net of related debt consist of capital assets net of accumulated depreciation and the outstanding balance of any related debt that is attributable to the acquisition of the capital assets. Restricted net assets are those assets that are externally restricted by creditors, grantors, contributors, or laws and regulations, or those restricted by constitutional provisions and enabling legislation. Unrestricted net assets consist of all other assets. When both restricted and unrestricted resources are available for use, it is the Hospital's policy to use restricted resources first, then unrestricted resources as they are needed

Revenues and Expenses

The Hospital's statements of revenues, expenses, and changes in net assets distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Hospital's principal activity. Nonexchange revenues are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

NOTE 3 - DEPOSITS AND INVESTMENTS

Investing is performed in accordance with investment policies complying with state statutes. Funds may be invested in direct obligations of the United States Government and its agencies pledged by its full faith and credit, certificates of deposit and savings accounts which are secured by FDIC or pledge of securities, and government backed mutual or trust funds.

As of March 31, 2008, the balances reported by financial institutions for cash totaled \$5,757,188. Of the total, \$358,218 was covered by federal depository insurance and \$5,398,970 was collateralized with securities held by the pledging bank in the District's name.

As of March 31, 2007, the balances reported by financial institutions for cash totaled \$5,302,539. Of the total, \$429,861 was covered by federal depository insurance and \$4,872,678 was collateralized with securities held by the pledging bank in the District's name

As of March 31, 2006, the balances reported by financial institutions for cash totaled \$4,149,202. Of the total, \$1,233,550 was covered by federal depository insurance and \$2,915,652 was collateralized with securities held by the pledging bank in the District's name.

<u>Custodial Credit Risks</u> – Custodial credit risk for deposits is the risk that in the event of a bank failure, the District's deposits may not be returned to it Louisiana state statutes require that all of the deposits of the District be protected by insurance or collateral. The fair value of the collateral pledged must equal 100% of the deposits not covered by insurance. The District's deposits were entirely insured or entirely collateralized by securities held by the pledging bank's trust department in the District's name at December 31, 2008, 2007, and 2006.

Interest Rate Risks – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer an investment takes to mature, the greater the sensitivity of its fair value to changes in market interest rates. The District does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates.

NOTE 3 - DEPOSITS AND INVESTMENTS (Continued)

Certificates of deposits with original maturities of over one (1) year are classified as long-term investments. The carrying amounts of deposits and investments are included in the Hospital's balance sheets as follows:

O any de a anno met	<u>2008</u>	<u>2007</u>	2006
Carrying amount Deposits Investments	\$ 660,800 4,953,640	\$ 420,717 4,704,370	\$ 406,927 3,647,325
	\$ 5,614,440	\$ 5,125,087	\$ 4,054,252
Included in the following balance sheet captions Current assets			
Cash and cash equivalents Short-term investments	\$ 660,800 2,718,377	\$ 1,082,641 2,691,404	\$ 1,055,792 2,998,460
Noncurrent cash and investments Long-term investments Held for debt service	2,170,139 65,124	1,205,163 145,879	-0- -0-
	\$ 5,614,440	\$ 5,125,087	\$ 4,054,252

NOTE 4 - ACCOUNTS RECEIVABLE

A summary of accounts receivable at March 31 is presented below:

		<u>2008</u>	<u>2007</u>	2006
Patient accounts receivable Other accounts receivable	\$	8,955,094 44,331	\$ 8,352,386 26,380	\$ 6,783,934 21,281
Estimated uncollectibles		8,999,425 (7,110,000)	8,378,766 (6,496,000)	6,805,215 (5,498,000)
Net patient accounts receivables	\$.	1,889,425	\$ 1,882,766	\$ 1,307,215

NOTE 4 - ACCOUNTS RECEIVABLE (Continued)

The following is a mix of gross receivables from patients and third-party payors at March 31:

	2008	<u>2007</u>	2006
Medicare	23%	16%	12%
Medicaid	6%	3%	2%
Commercial and other third-party payors	9%	7%	24%
Others	<u>62%</u>	<u>74%</u>	<u>62%</u>
	<u>100%</u>	<u>100%</u>	<u>100%</u>

NOTE 5 - PROPERTY, PLANT, AND EQUIPMENT

The following is a summary of property, plant, and equipment and related accumulated depreciation at March 31:

	2007	Additions		Dispositions		2008
Land	\$ 26,903	\$ -0-	\$	-0-	\$	26,903
Land improvements	30,437	-0-		-0-		30,437
Buildings	3,739,995	873,905		70,644		4,543,256
Furniture and equipment	2,496,893	245,973		250,170		2,492,696
Property held under capital leases	890,695	-0-		-0-		890,695
Construction in progress	545,488	273,889	•	819,377		-0-
Total	7,730,411	1,393,767		1,140,191		7,983,987
Accumulated depreciation	4,522,795	398,451		279,724	-	4,641,522
Net	\$ 3,207,616	\$ 995,316	\$	860,467	\$	3,342,465

NOTE 5 - PROPERTY, PLANT, AND EQUIPMENT (Continued)

The following is a summary of property, plant, and equipment and related accumulated depreciation at March 31:

	<u>2006</u>	Additions	Dispositions	2007
Land	\$ 26,903	\$ -0-	\$ -0-	\$ 26,903
Land improvements	29,701	736	-0-	30,437
Buildings	3,697,379	42,616	-0-	3,739,995
Furniture and equipment	2,304,508	198,163	5,778	2,496,893
Property held under capital leases	1,046,146	299,204	454,655	890,695
Construction in progress	394,100	513,850	362,462	545,488
Total	7,498,737	1,054,569	822,895	7,730,411
Accumulated depreciation	4,595,667	385,312	<u>458,184</u>	4,522,795
Net	\$ 2,903,070	\$ 669,257	\$ 364,711	\$ 3,207,616

The following is a summary of property, plant, and equipment and related accumulated depreciation at March 31:

	<u>2005</u>	Additions	Dispositions	<u>2006</u>
Land	\$ 26,903	\$ -0-	\$ -0-	\$ 26,903
Land improvements	24,067	5,634	-0-	29,701
Buildings	3,676,234	21,145	-0-	3,697,379
Furniture and equipment	2,214,614	116,014	26,120	2,304,508
Property held under capital leases	798,101	248,045	-0-	1,046,146
Construction in progress	15,997	401,168	23,065	394,100
Total	6,755,916	792,006	49,185	7,498,737
Accumulated depreciation	4,312,005	309,782	26,120	4,595,667
Net	\$ 2,443,911	\$ 482,224	\$ 23,065	\$ 2,903,070

NOTE 6 - ASSETS LIMITED AS TO USE

The following assets are limited as to use as designated below:

Restricted by third-parties	<u>2008</u>	<u>2007</u>	<u>2006</u>
State of Louisiana roof grant Bond sinking fund	\$ -0- 65,124	\$ 213,579 65,124	\$ -0- -0-
Total assets limited as to use	65,124	278,703	-0-
Less amounts required for current liabilities	 -0-	(132,824)	-0-
Total assets limited as to use	\$ 65,124	\$ 145,879	\$

NOTE 7 - COMPENSATED ABSENCES

Employees of the Hospital are entitled to paid days off and sick days depending on length of service. The Hospital accrued \$195,895, \$170,455, and \$166,345 of vacation pay at March 31, 2008, 2007, and 2006. It is impractical to estimate the amount of compensation for future unvested sick pay and, accordingly, no liability has been recorded in the accompanying financial statements. The Hospital's policy is to recognize the cost of unvested sick pay when actually paid to employees.

NOTE 8 - LONG-TERM DEBT

A summary of long-term debt, including capital lease obligations, at March 31, follows:

•	March 31, 2007	Additions	<u>Payments</u>	March 31, 2008	Due Within One Year
Capital lease obligations	\$ 460,110	\$ -0-	\$ 129,634	\$ 330,476	\$ 112,946
	March 31, 2006	Additions	<u>Payments</u>	March 31, 2007	Due Within One Year
Capital lease obligations	\$ 620,392	\$ -0-	\$ 160,282	\$ 460,110	\$ 129,634

NOTE 8 - LONG-TERM DEBT (Continued)

	March 31, 2005 Additions			Additions		<u>Payments</u>	March 31, <u>2006</u>			Due Within One Year
Capital lease obligations	\$	216,370	\$	547,249	\$	143,227	\$	620,392	\$	160,282

The following are the terms and due dates of the Hospital's long-term debt at March 31:

 Various capital lease obligations at interest rates ranging from 5.23% to 12.00%, due in monthly installments through 2011 secured by leased equipment.

Minimum future lease payments under capital leases at March 31, 2008, and for each subsequent year in aggregate are provided below:

		Capital Lease Obligations									
Years Er <u>March</u>	~		Principal		Interest						
2009 2010 2011)	\$	112,946 117,592 99,938	\$	19,132 11,482 3,424						
Total		\$	330,476	\$	34,038						

Assets and liabilities under capital leases are recorded at the fair value of the asset. The assets are depreciated over their estimated productive lives. Depreciation of assets under capital leases in the amount of \$140,639 is included in depreciation expense. Net book value of capital leases is \$335,579, \$476,218, and \$335,595 in 2008, 2007, and 2006, respectively.

NOTE 9 - OPERATING LEASES

Leases that do not meet the criteria for capitalization are classified as operating leases with related rental charged to operations as incurred. The following is a schedule by year of future minimum lease payments under operating leases as of March 31, 2008, that have initial or remaining lease terms in excess of one year.

Years Ending <u>March 31,</u>	<u>Amount</u>
2009 2 0 10	\$ 12,732 2,122
Total minimum lease payments	\$ 14,854

NOTE 10 - PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

<u>Medicare</u> - Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain outpatient services related to Medicare beneficiaries are paid based on a set fee per diagnosis, with a hold harmless provision for partial cost reimbursement for some of these services until December 31, 2009, if not extended by Congress. The hold harmless payments were \$103,563, \$101,070, and \$87,904 for the years ended March 31, 2008, 2007, and 2006, respectively. Swing bed routine services are reimbursed based on a prospectively determined rate per patient day based on clinical, diagnostic, and other factors.

<u>Medicaid</u> - Inpatient services are reimbursed based on a prospectively determined per diem rate. Some outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology, while others are paid prospectively based on a fee schedule. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary.

<u>Commercial</u> - The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Payment methods under these agreements include prospectively determined rates per discharge, discounts from established charges, and prospectively determined per diem rates.

NOTE 10 - PATIENT SERVICE REVENUE (Continued)

The following is a summary of the Hospital's net patient service revenue for the years ended March 31:

	<u>2008</u>	2007	<u>2006</u>
Gross patient service charges	\$ 13,516,555	\$ 13,106,737	\$ 12,921,789
Contractual allowances	(5,568,817)	(5,001,197)	(5,084,901)
Provision for bad debts	(1,267,874)	(1,003,660)	(773,804)
Uncompensated cost reimbursement	867,222	829,107	833,480
Policy discounts and charity care (Note 14)	(340,383)	(550,650)	(630,973)
Net Patient Service Revenues	\$ 7,206,703	\$ 7,380,337	\$ 7,265,591

The Hospital receives a substantial portion of its revenue from the Medicare and Medicaid programs at discounted rates. The following is a summary of Medicare and Medicaid patient revenues for the years ended March 31:

		<u>2008</u>		2007		<u>2006</u>
Medicare and Medicaid gross patient charges Contractual adjustments	\$ -	9,229,858 4,648,428	\$ _	9,321,869 4,402,504	\$ -	9,423,830 4,162,552
Program Patient Service Revenue without Medicaid UCC	\$ _	4,581,430	\$ _	4,919,365	\$ _	5,261,278
Percent of total gross patient charges Percent of total net patient revenue		<u>68%</u> 65%		<u>71%</u> <u>67%</u>		<u>73%</u> 72%

The Hospital received interim amounts of \$867,222, \$829,107, and \$833,480, for Medicaid and self-pay uncompensated care services (UCC) for the years ended March 31, 2008, 2007, and 2006, respectively, which represents 12%, 11%, and 11% of net patient service revenue, respectively. The interim payments received are based upon uncompensated cost incurred in previous years. Current regulations limit UCC to actual cost incurred by the Hospital in each state fiscal year. Any overpayments will be recouped by Medicaid after audit by Medicaid. The Hospital has made provisions for recoupment of \$361,000 for fiscal 2004. With the exception of 2004, management contends interim amounts paid reasonably estimate final settlement. To the extent management's estimates differ from actual results; the differences will be used to adjust income for the period when differences arise. Future UCC payments are dependent upon State appropriations, which require annual approval by the State legislature. Should the State not fund or substantially change this program, it would have a significant impact on the Hospital's revenue.

NOTE 10 - PATIENT SERVICE REVENUE (Continued)

The Hospital had significant reliance in the past on Medicare volume adjustments, which occur when acute discharges drop by more than five percent from the previous year. Included in income is \$815,556 for the year ended March 31, 2006. Because patient volume increased in fiscal years 2006 and 2007, similar revenue is not expected in fiscal 2008.

NOTE 11 - PROFESSIONAL LIABILITY RISK

The Hospital participates in the Louisiana Patient's Compensation Fund ("PCF") established by the State of Louisiana to provide medical professional liability coverage to healthcare providers. The fund provides for \$400,000 in coverage per occurrence above the first \$100,000 per occurrence for which the Hospital is at risk The fund places no limitation on the number of occurrences covered. In connection with the establishment of the PCF, the State of Louisiana enacted legislation limiting the amount of healthcare provider settlement for professional liability to \$100,000 per occurrence and limited the PCF's exposure to \$400,000 per occurrence.

NOTE 12 - CONTINGENCIES

The Hospital evaluates contingencies based upon the best available evidence. The Hospital believes that no allowances for loss contingencies are considered necessary. To the extent that resolution of contingencies results in amounts which vary from the Hospital's estimates, future earnings will be charged or credited.

The principal contingencies are described below:

Governmental Third-Party Reimbursement Programs (Note 10) - The Hospital is contingently liable for retroactive adjustments made by the Medicare and Medicaid programs as the result of their examinations as well as retroactive changes in interpretations applying statutes, regulations and general instructions of those programs. The amount of such adjustments cannot be determined.

Further, in order to continue receiving reimbursement from the Medicare program, the Hospital entered into an agreement with a government agent allowing the agent access to the Hospital's Medicare patient medical records for purposes of making medical necessity and appropriate level of care determinations. The agent has the ability to deny reimbursement for Medicare patient claims which have already been paid to the Hospital.

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participating requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in

NOTE 12 - CONTINGENCIES (Continued)

compliance with fraud and abuse statutes as well as other applicable government laws and regulations Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time

Professional Liability Risk (Note 11) - The Hospital is contingently liable for losses from professional liability not underwritten by the Louisiana Patient's Compensation Fund or the Hospital's insurance carrier

The Hospital also participates in the Louisiana Hospital Association Self-Insurance Employee Benefits Trust Fund. If the fund's assets are not adequate to cover the claims made against it, the Hospital will be assessed its pro rata share of the resulting deficit. It is not possible to estimate the amount of additional assessments, if any. The Hospital has acquired stop-loss insurance to cover individual claims exceeding \$25,000 or aggregate claims exceeding \$1,000,000 per year.

NOTE 13 - RETIREMENT PLAN

Effective January 1, 2008, employees may participate in a qualified defined contribution retirement plan (exempt under Section 457(b) of the Internal Revenue Code). Each employee is eligible to join the plan upon reaching the age of 21 and completion of one (1) year of continuous full-time employment. Employees are immediately 100% vested on contributions to the plan through a salary reduction agreement. In fiscal year 2008, employees contributed \$44,285.

Effective January 1, 2008, the Hospital sponsors a money purchase pension plan (exempt under Section 401(a) of the Internal Revenue Code) The Hospital contributes a 1% discretionary match of all participating employees' salaries. In addition to this discretionary match, the Hospital contributes a match amount equal to the 457(b) employee deferral contribution up to a maximum of 5% of compensation for participating employees. The employee will be 100% vested after participating for three years. In fiscal year 2008, the Hospital contributed \$40,558

Security Benefit administers the above plans The Board of Commissioners adopted these plans and may change the terms of the plan to improve administration and can, at their discretion, increase or decrease the contribution percentages.

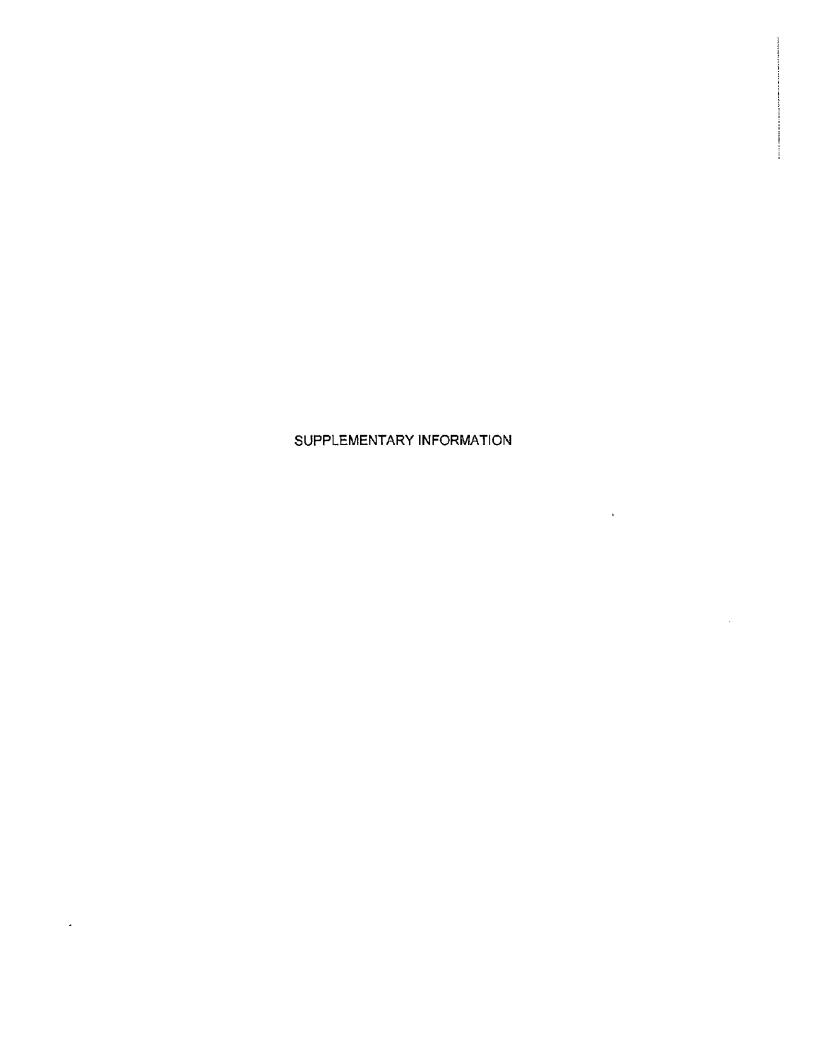
NOTE 14 - CHARITY CARE

The amount of charges foregone for services and supplies furnished under the Hospital's charity care policy aggregated approximately \$133,056, \$163,720, and \$199,775, in 2008, 2007, and 2006, respectively. The costs related to the charity care charges are \$75,257, \$89,130, and \$109,844, in 2008, 2007, and 2006, respectively

NOTE 15 - COMMISSIONERS

The following commissioners served Citizens Medical Center without compensation during the year ended March 31, 2008:

Ms Barbara Davis Mr Tom D Gay Ms Mary Norris Mr. E. L. Richard Mr. Bob Wallace



HOSPITAL SERVICE DISTRICT NO. 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND SCHEDULES OF NET PATIENT SERVICE REVENUE

SCHEDULES OF	NEIF	AHENI	SERVICE	KEVENUE
YEARS ENDED	MARC	H 31, 20	08, 2007, 7	AND 2006

		<u>2008</u>		<u>2007</u>		<u>2006</u>
Routine Services:						
Adult and pediatric	\$	883,373	\$	994,291	\$	1,029,312
Swing bed	•	22,500	•	27,600	•	80,700
· ·		22,000		27,000		
Total Routine Services		905,873		1,021,891		1,110,012
Other Professional Services:						
Operating room						
Inpatient		98,714		110,792		132,673
Outpatient		385,765		247,212		279,791
Outpution						210,101
Total		484,479		358,004		412,464
Anesthesia		54.858		=0.000		22.24=
Inpatient		54,850		59,860		63,015
Outpatient		191,418		116,780		134,264
Total		246,268		176,640		197,279
(
Radiology						
Inpatient		496,633		495,077		491,739
Outpatient		<u>1,622,753</u>		<u>1,663,747</u>		<u>1,153,935</u>
Total		2,119,386		2,158,824		1,645,674
						-
Laboratory						
Inpatient		659,971		767,667		746,255
Outpatient		2,134,596		1,959,994		1,776,867
Total		2,794,567		2,727,661		2,523,122
IV solutions		152.000		404.070		940 174
Inpatient		153,986		194,979		240,171
Outpatient		35,272		32,669		32,345
Total	\$	189,258	\$	227,648	\$	272,516

HOSPITAL SERVICE DISTRICT NO 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND

SCHEDULES OF NET PATIENT SERVICE REVENUE (Continued) YEARS ENDED MARCH 31, 2008, 2007, AND 2006

	<u>2008</u>	2007	2006
Respiratory therapy Inpatient Outpatient	\$ 899,079 144,365	\$ 817,944 112,463	\$ 699,584 89,805
Total	1,043,444	930,407	789,389
EKG Inpatient Outpatient	71, 6 51 163,431	86,404 143,300	85,830 144,152
Tota!	235,082	229,704	229,982
Central supply Inpatient Outpatient	4 58,662 509,087	518,354 381,333	617,585 400,952
Total	967,749	899,687	1,018,537
Pharmacy Inpatient Outpatient	1,481,680 435,867	1,438,760 395,679	1,541,566 401,385
Total	1,917,547	1,834,439	1,942,951
Emergency room Inpatient Outpatient Total	123,601 1,071,432 1,195,033	156,365 1,125,099 1,281,464	161,847 1,059,750 1,221,597
Observation room Inpatient Outpatient	2,684 30,338	4 ,109 18,208	2,170 20,257
Total	\$ 33,022	\$ 22,317	\$ 22,427

HOSPITAL SERVICE DISTRICT NO 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND

SCHEDULES OF NET PATIENT SERVICE REVENUE (Continued) YEARS ENDED MARCH 31, 2008, 2007, AND 2006

	<u>2008</u>	2007	<u> 2006</u>
Rural health clinic Outpatient	\$ 1,295,492	\$ 1,147,346	\$ 1,446,384
Hospitalist Inpatient	89,355	90,705	89,455
Total Other Professional Services	12,610,682	12,084,846	11,811,777
Gross Patient Service Charges	13,516,555	13,106,737	12,921,789
Contractual allowances Provision for bad debts Uncompensated cost reimbursement Policy discounts and charity care	5,568,817 1,267,874 (867,222) 340,383	5,001,197 1,003,660 (829,107) 550,650	5,084,901 773,804 (833,480) 630,973
Total Allowances and Uncollectibles	6,309,852	5,726,400	5,656,198
Net Patient Service Revenue	\$ 7,206,703	\$ 7,380,337	\$ 7,265,591

HOSPITAL SERVICE DISTRICT NO 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND SCHEDULES OF OTHER OPERATING REVENUE YEARS ENDED MARCH 31, 2008, 2007, AND 2006

		<u>2008</u>	<u>2007</u>	<u>2006</u>
Cafeteria sales	\$	28,726	\$ 33,965	\$ 36,146
Physician office rentals		17,415	28,626	22,266
Medical records abstract fees		3,576	3,098	5,624
Dues rebate		-0-	- 0-	61,153
Miscellaneous	_	24,426	5,707	15,913
Total Other Operating Revenue	\$ _	74,143	\$ 71,396	\$ 141,102

HOSPITAL SERVICE DISTRICT NO. 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND

SCHEDULES OF OPERATING EXPENSES – SALARIES AND BENEFITS YEARS ENDED MARCH 31, 2008, 2007, AND 2006

	<u>2008</u>		<u>2007</u>		2006
Administrative and general	\$ 383,395	\$	354,150	\$	359,246
Plant operations and maintenance	77,700	•	75,489		69,049
Housekeeping	130,889		107,875		98,153
Dietary and cafeteria	119,507		104,807		102,604
Central supply	30,911		32,784		33,145
Pharmacy	148,690		139,672		147,043
Medical records	86,034		79,611		90,284
Nursing services	958,234		987,335		955,671
Operating room	127,367		123,702		126,062
Anesthesiology	2,400		2,400		2,400
Radiology	222,660		210,369		218,782
Laboratory	344,474		288,044		244,422
Respiratory care	122,470		117,642		117,715
Emergency room	217,704		192,685		205,107
Rural health clinic	684,929	•	507,034	,	482,706
Total Salaries	3,657,364		3,323,599		3,252,389
Payroll taxes	259,008		236,734		239,366
Health insurance	187,372		196,864		243,837
Retirement	40,558		-0-		-0-
Other	7		9,174		1,942
Total Benefits	486,945		442,772		485,145
Total Salaries and Benefits	\$ 4,144,309	\$	3,766,371	\$	3,737,534

HOSPITAL SERVICE DISTRICT NO 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND SCHEDULES OF OPERATING EXPENSES – PROFESSIONAL FEES

YEARS ENDED MARCH 31, 2008, 2007, AND 2006

	<u>2008</u>	<u>2007</u>	2006
Nursing service	\$ -0-	\$ -0-	\$ 150
Anesthesiology	189,600	136,420	154,525
Radiology	36,970	47,113	26,658
Laboratory	106,379	90,766	100,608
Physical therapy	-0-	-0-	435
EKG	14,914	16,155	15,644
Emergency room	728,366	735,811	747,564
Total Professional Fees	\$1,076,229	\$ 1,026,265	\$ <u>1,045,584</u>

HOSPITAL SERVICE DISTRICT NO. 1 OF THE PARISH OF CALDWELL, STATE OF LOUISIANA d/b/a CITIZENS MEDICAL CENTER HOSPITAL ENTERPRISE FUND SCHEDULES OF OPERATING EXPENSES – OTHER EXPENSES

YEARS ENDED MARCH 31, 2008, 2007, AND 2006

		<u>2008</u>	<u>2007</u>		<u>2006</u>
Miscellaneous service fees	\$	120,319	\$ 107,823	\$	131,983
Legal and accounting		62,494	47,369		49,129
Supplies		224,55 5	221,652		219,386
Repairs and maintenance		152,269	112,959		91,265
Utilities		157,216	157,881		161,257
Telephone		55,569	53,701		42,508
Travel		8,434	7,800		11,661
Rentals		65,260	53,197		98,995
Education		10,228	7,859		6,620
Dues and subscriptions		64,246	72,238		54,860
Recruitment and advertising		24,681	16,942		9,796
Miscellaneous	-	37,217	 28,995		42,569
Total Other Expenses	\$ _	982,488	\$ 888,416	\$_	920,029



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REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Commissioners Hospital Service District No. 1 Parish of Caldwell, State of Louisiana Columbia, Louisiana

We have audited the financial statements of Hospital Service District No. 1, Parish of Caldwell, a component unit of the Caldwell Parish Police Jury, ("the Hospital") as of and for the years ended March 31, 2008, 2007, and 2006 and have issued our report thereon dated August 15, 2008. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under <u>Government Auditing Standards</u>.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Hospital's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control over financial reporting

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that

Board of Commissioners Hospital Service District No. 1 Parish of Caldwell, State of Louisiana Columbia, Louisiana Page Two

a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be a material weakness, as defined above.

This report is intended solely for the information of the Board of Commissioners, management, and the office of the Legislative Auditor of the State of Louisiana and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

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Certified Public Accountants August 15, 2008



CITIZENS MEDICAL CENTER AUDITORS' COMMENTS AND RECOMMENDATIONS YEAR ENDED MARCH 31, 2008

Prior Year Findings

Internal Controls

2007-1

<u>Finding</u>: In the past, the auditors were able to draft the financial statements with management accepting responsibility. Effective for financial statements ending on or after December 15, 2006, Statements on Auditing Standards 112 more definitively requires management ensure the proprietary and completeness of the financial statements and related footnotes. The staff responsible for preparation of the financial statements and related footnote disclosures in accordance with generally accepted accounting principles (GAAP) lacks the knowledge and/or resources necessary to internally complete the reporting requirements.

<u>Recommendation:</u> Management should either: (a) obtain the knowledge and/or resources necessary to internally prepare or review the auditor's preparation of the Hospital's basic financial statements and related footnote disclosures in accordance with GAAP, or (b) determine if the cost of "a" overrides the benefit of correcting this control deficiency.

<u>Management's response:</u> Management has considered the recommendation and concluded that the implementation cost is greater than the benefit derived from correcting the control deficiency.

Resolution: This matter has not been resolved

2007-2

<u>Finding:</u> Due to a limited number of available employees, there is not a complete segregation of duties in all accounting, recording, and custody functions.

<u>Recommendation:</u> We recommend that duties be segregated to the extent possible to prevent both intentional and unintentional errors. Segregation includes 1) separating transaction authorization from custody of related asset; 2) separating transaction recording from general ledger posting and maintenance; 3) separating operations responsibility from record-keeping. Where these segregations are not possible, we recommend close supervision and review.

<u>Management's response:</u> Management will continue to segregate duties as much as possible and will closely supervise and review duties to prevent errors.

Resolution: This matter has not been resolved.

CITIZENS MEDICAL CENTER AUDITORS' COMMENTS AND RECOMMENDATIONS YEAR ENDED MARCH 31, 2008

Prior Year Findings

Internal Controls

2006-1

<u>Finding:</u> We found subsidiary ledgers with incomplete data at March 31, 2006. These ledgers were also unreconciled with the general ledger. If the subsidiary schedules are updated and reconciled in a timely fashion, posting errors will be recognized and corrected during the fiscal year. This will increase the completeness and accuracy of the interim financial statements.

Recommendation: We recommend timely posting of invoices and other data to the appropriate subsidiary ledgers either at the same time purchases, etc. are posted to the general ledger or on a monthly basis. Monthly reconciliations should be prepared for all subsidiary ledgers to ensure complete and accurate information.

<u>Management's response:</u> Management is aware of the problem and will attempt to reconcile subsidiary ledgers on a monthly basis.

Resolution: This matter has been resolved